

No. W 16259	Due no later than August 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX WILLIAM LAWRENCE 225 S 10TH E #C MOUNTAIN HOME, ID 83647												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable SUFFICIENCY ADVOCATES, L.L.C. WILLIAM LAWRENCE 225 S 10TH E #C MOUNTAIN HOME, ID 83647		3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Owner</td> <td>William M Lawrence</td> <td>PO Box 513</td> <td>Mtn. Home</td> <td>ID</td> <td>83647</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Owner	William M Lawrence	PO Box 513	Mtn. Home	ID	83647
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Owner	William M Lawrence	PO Box 513	Mtn. Home	ID	83647										
5. Organized Under the Laws of: IDAHO W 16259	6. Signature <u>William M Lawrence</u> Date <u>6-6-2005</u> Name (Typed or Printed) <u>William M Lawrence</u> Title <u>Owner</u>														

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Do Not Tape or Staple

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